

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. <i>09766396</i>	FILING DATE
						APPLICANT(S)	
CLAIMS							
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
-1							
2							
3	(1)						
4	(1)						
5	(1)						
6							
7	/						
8	(1)						
9	(1)						
10	(1)						
11	(1)						
12	X 1						
13	(1)						
14	/						
15	/						
16	1						
17	(1)						
18	(1)						
19	(1)						
-20							
21		1					
22			1				
23			1				
24			1				
25			1				
26			1				
27			1				
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48							
49							
50							
TOTAL IND.	<i>43</i>						
TOTAL DEP.	<i>13</i>	↓	↓	↓	↓		
TOTAL CLAIMS	<i>17</i>		8				

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS